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On Oct. 4, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson

PATENT
Attorney Docket No.: 017242-010500US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Teresa Meade et al.

Application No.: 10/813,877

Filed: March 30, 2004

For: INFANT RESTRAINT SYSTEMS
AND METHODS

Customer No.: 20350

Confirmation No. 5757

Examiner: Joseph F. Edell

Technology Center/Art Unit: 3636

RESPONSE TO NOTICE OF NON-
COMPLIANT AMENDMENT
(37 CFR 1.121)

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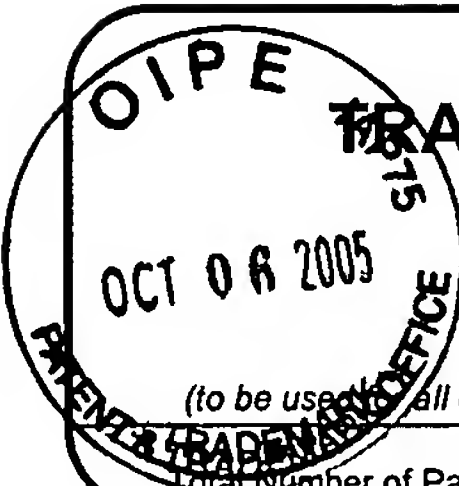
Sir:

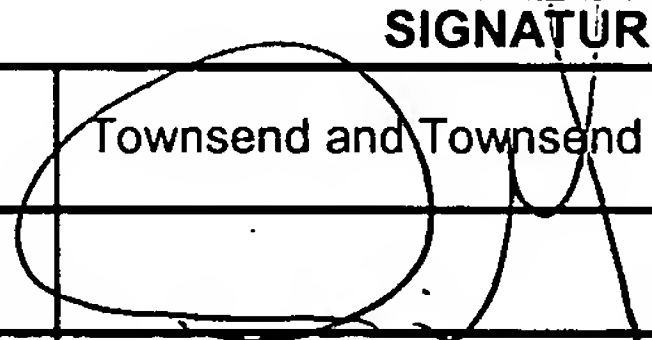
In response to the Notice of Non-Compliant Amendment mailed September 23, 2005, replacement drawings with corrected labels are submitted herewith.

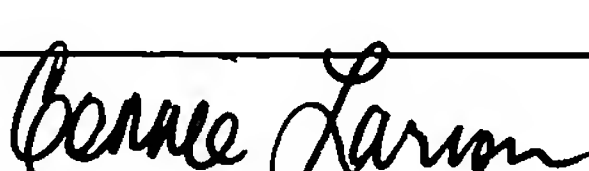
Respectfully submitted,

Darin J. Gibby
Reg. No. 38,464

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 <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/813,877
	Filing Date	March 30, 2004
	First Named Inventor	Meade, Teresa
	Art Unit	3636
	Examiner Name	Joseph F. Edell
	Attorney Docket Number	017242-010500US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Replacement Drawings - Figs. 1-9 Six Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	October 4, 2005	Reg. No.	38,464

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Typed or printed name	Connie Larson	Date	October 4, 2005